MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

[redacted]

Registration District No. 139 Primary Registration District No. 4221 Registrar's No. 61 STATE FILE NUMBER 63-052071

FILED SEP 4 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0440
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | INSTEAD OF | SHOULD READ | DATE AMENDED

BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: HOLT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: MOUND CITY
Length of stay in 1b: 20 MOS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DUNCAN NURSING HOME
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: HOLT
c. CITY OR TOWN: MOUND CITY
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: DUARD Middle: B. Last: KEIFFER

4. DATE OF DEATH: Month: AUG Day: 29 Year: 1963

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 12-23-1869

9. AGE (last birthday): 93
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (City and state or country): HOLT COUNTY MO

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: DAVID M. KEIFFER

13b. MOTHER'S MAIDEN NAME: PARTHENA MEADOWS

14. NAME OF HUSBAND OR WIFE: MARY ALICE KEIFFER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of serv

16. SOCIAL SECURITY NO.

17. INFORMANT Address: MRS. BERT GOMEL - FAIRFAX, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Occlusion	30 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerosis	10 years
DUE TO (c)	Hypertension	10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20g. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1946 to August 29/63 and last saw him alive on August 29/63
Death occurred at 3 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J Rene McRae DO

22b. ADDRESS: Mound City Mo

22c. DATE SIGNED: 8/29/63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 8-31-1963

23c. NAME OF CEMETERY OR CREMATORY: MOUNT HOPE

23d. LOCATION (City, town, or county) (State): MOUND CITY MO.

24. FUNERAL DIRECTOR ADDRESS: JAMES H. CRAWFORD, MOUND City Mo

25. DATE RECD. BY LOCAL REG.: 8-29-1963

26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J. Marshall Crawford

Licensed Embalmer No. 4796

P. O. Address Mound City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.